

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N01000003438

1. Entity Name
STRATEGIC MINDSHARE FOUNDATION, INC.



Principal Place of Business
1395 BRICKELL AVE
SUITE 2702
MIAMI, FL 33131

Mailing Address
1395 BRICKELL AVE
SUITE 2702
MIAMI, FL 33131

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-1104774

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STRATEGIC MINDSHARE
1395 BRICKELL AVE
SUITE 2702
MIAMI, FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renaturing)

DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DC
NAME COHEN, CYNTHIA R
STREET ADDRESS 1395 BRICKELL AVE SUITE 2702
CITY-ST-ZIP MIAMI, FL 33131

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE DS
NAME SHULMAN, ELLEN
STREET ADDRESS 1395 BRICKELL AVE SUITE 2702
CITY-ST-ZIP MIAMI, FL 33131

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE T
NAME SOUZER, CHRISTINA
STREET ADDRESS 1395 BRICKELL AVE SUITE 2702
CITY-ST-ZIP MIAMI, FL 33131

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

T
Sousa, CRISTINA
1395 Brickell Ave. Suite 2702
Miami, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cohen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-3-08

305-377-2220

Date

Daytime Phone #

07-11-2008 90015 039 ****61.25

40110212



07082008 Chg-NP CR2E037 (12/06)